PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

				or <u>Fax</u>	Alex	i. Box 1450 xandria, Virgi l)-273-2885	inia 2	2313-1450			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifies	s form should be used correspondence includi- ted below or directed or ations.	for trans ng the P herwise i	mitting the ISS atent, advance in Block I, by	UE FEE and PUBLIC orders and notification (a) specifying a new c	CATIO of m corresp	ON FEE (if requi aintenance fces w oondence address;	red). B rill be i and/or	locks 1 through 5 s mailed to the current (b) indicating a sep	hould be completed w correspondence addres trate "FEE ADDRESS"	here ss as " for	
CURRENT CORRESPONDENCE ADDRESS (Note. Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
21832		3/2007				Con	ificate	of Mailing or Trans	mirrion		
MCCARTER CITYPLACE I 185 ASYLUM S HARTFORD, C		•			I here States addre transr	eby certify that this s Postal Service wassed to the Mail mitted to the USP	s Fee(s ith suff Stop I FO (571) Transmittal is being icient postage for fin SSUE FEE address) 273-2885, on the d	g deposited with the Unst class mail in an enve above, or being facsing ate indicated below.	ited lope mile	
, , , , , , , , , , , , , , , , , , , ,					-				(Depositor's no	sme)	
					-				(Signat	-	
					_				(C	Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/540,783				Dominique Dupuis			99342.00063US 7168			_	
TITLE OF INVENTION BITUMEN COMPOSIT	IONS WITH ENHANC	ED PROF	PERTIES AND	THEIR USES	JPERI	THES OF BITUM	EN CO	MPOSITIONS AND	NOVEL		
APPLN. TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE D	DUE I	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO		\$1400	\$300		\$0		\$1700	10/03/2007		
EXAMINER		٨	RT UNIT	CLASS-SUBCLASS	5						
BRUNSMAN	, DAVID M		1755	106-281100							
1. Change of corresponde CFR 1.363).	ence address or indicatio	n of "Fee	Address" (37	2. For printing on t	the pat	tent front page, list		McCarter	& English	-	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
				(2) the name of a single firm (housing as a member a 2							
LJ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patient attorney or agents. If no name is 3 listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE	PRINTED ON	THE PATENT (print o	or type)				_	
recordation as set forti	ess an assignee is ident h in 37 CFR 3.11. Comp	itied belo letion of	w, no assignce this form is NO	data will appear on th T a substitute for filing	he pate g an as	ent. If an assigne signment.	e is ide	ntified below, the do	ocument has been filed	for	
(A) NAME OF ASSIC	ONEE			(B) RESIDENCE: (C							
Innophos,	Inc., Crar	bury	, Conne	ecticut							
Please check the appropri	ate assignee category or	categorie	s (will not be p	rinted on the patent):		ndividual 🗆 Cor	poratio	n or other private gro	up entity Governm	ent	
4a. The following fec(s) a	are submitted:		41	b. Payment of Fee(s): (I	Please	first reapply any	previ	ously paid issue fee s	hown above)	_	
AZA Issue Fee	A check is enclosed.										
Publication Fee (N. Advance Order - #	Payment by credit eard. Form PTO-2038 is attached. All The Director is hereby authorized to charge the required (se(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 - 3 50 (enclose an extra copy of this form).										
Advance Order - W	or Copies			overpayment, to D	Deposit	i Account Number	50 <u>-</u>	3569 (enclose ar	extra copy of this form	1).	
5. Change in Entity Stat	us (from status indicated			_						_	
NOTE: The Issue Fee and	Publication Fee (if requ	ired) wil	not be accented	d from anyone other the						ı in	
nterest as shown by the re	ecords of the United Sta	es Patent	and Trademark	Office					assigned or other party		
Authorized Signature	/ 1/1	W	en			Date	No	ovember 2,	2007		
Typed or printed name	Marc A. V	iven	zio)			Registration No		52,326			
This collection of informa in application. Confidenti submitting the completed his form and/or suggestic 30x 1450. Alexandria. Vi	ation is required by 37 Clality is governed by 35 application form to the ons for reducing this burn	FR 1.311 U.S.C. 12 USPTO. den, shou	The information 22 and 37 CFR Time will vary ld be sent to the	on is required to obtain 1.14. This collection is depending upon the in the Chief Information Of	or reta s estim ndividu fficer,	ain a benefit by the sated to take 12 m ual case. Any con U.S. Patent and T	public inutes t iments radema	which is to file (and o complete, including on the amount of tim rk Office, U.S. Depa	by the USPTO to proce g gathering, preparing, a e you require to compl rtment of Commerce, P.	ind etc .C.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.